

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046111

STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11645**

| | | | |
|---|--|--|--|
| Place of Date a. COUNTY St. Louis, Missouri | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri | | Length of stay in 1b | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. CITY OR TOWN Dellwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS 10222 Nashua Drive | | (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Mary Middle A Last Brennan | | 4. DATE OF DEATH Month December Day 13 Year 1961 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/15/1889 |
| 9. AGE (last birthday) 72 | | 9. AGE (last birthday) 72 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Supervisor | | 10b. KIND OF BUSINESS OR INDUSTRY Continental Bldg | |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Maurice Cronin | | 13b. MOTHER'S MAIDEN NAME Ellen Gorman | |
| 14. NAME OF HUSBAND OR WIFE James P. Brennan, Dec'd | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT Address Miss Mary E. Brennan, 10222 Nashua Dr | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Viral Hepatitis = liver failure | | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks |
| DUE TO (b) 092x | | | |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) peptic ulcers - multiple, of stomach. | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | 20b. SUICIDE <input type="checkbox"/> | 20c. HOMICIDE <input type="checkbox"/> |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 11-28-61 to 12-13-61 and last saw her him alive on 12-13-61 Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W.B. Sydney M.D. (Degree or title) | | 22b. ADDRESS St. John's Hosp. | |
| 22c. DATE SIGNED 12-14-61 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/16/1961 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Missouri |
| 24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON = 5541 RIVERVIEW BLVD. | | 25. DATE RECD. BY LOCAL REG. DEC 14 1961 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |

DATE AMENDED

INSIDE OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.